

If your load of solid waste originated, in whole or in part, from inside the Metro boundary, you must pay, in addition to the facility up fee, a Metro Regional System Fee and Excise Tax. If your load originated from outside the Metro boundary, these charges do not apply. The origin of the load corresponds to where the waste was originally generated and not to a drop box staging area at another location. For a map of the Metro boundary, call Metro. Note that the Metro regional boundary is not the same as the urban growth boundary.

Any company or driver falsely claiming loads as having originated from outside the Metro boundary may be liable for Regional System Fees and Taxes plus fines of up to \$500 per violation.

An original form must be completed for each outof-Metro load delivered to Lakeside Reclamation ("Grabborn") Landfill. By completing this form you are certifying that your load originated from outside the Metro regional boundary.

517589	2/18/08
Ticket number	Date
Address where waste load originated (pr	rint legibly)
14018 SE	Mill Plain Blud
Address number	Street name
Vancouver	Talk -
ity	State
Bon Alba	Ben Albarran
river's signature	Print driver's name
503 760 6330	XXXX 666
Company name & phone number	Vehicle License number

This three-part form must be completed by the driver for each load delivered to the landfill from outside the Metro boundary (photocopies are not acceptable). If the origin of the load cannot be determined because the form is inaccurate, incomplete or illegible, the Metro Regional System Fee and Excise Tax will be applied.



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I HAVE READ THE INFORMATION ABOVE AND CE FROM OUTSIDE THE METRO BOUNDARY.	RTIFY THAT THIS LOAD ORIGINATED 3//8/08	
Ticket number	Date	
Address where waste load originated (pr	print legibly)	
1/96/8 1 3E	Mill Plain Blud	
Address number	Street name	
Vancouver	\mathcal{W}	
City	State	
Ben Alberra	Ben Alborron	
Driver's signature	Print driver's name	
503 760 6330	5 YARD 661	
Company name & phone number	Vehicle License number	
	J. B. 1 107 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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icket number	Date 7 3 23
cket lidhiber	Vate
ddress where waste load originated (prin	nt legibly)
	3
17618	MILL CLV
ddress number	Street name
Dancover	Wa
ity	State
100	
Vellen Three a	William Thornton
river's signature	Print driver's name
71. 7 202010, 220	VADS SIL
ompany name & phone number	Vehicle License number
	Section 1 to 1
Inver's signature 10 2 Dean 5 03 DLDL 530 Company name & phone number	YAPE BILL



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1,16710	4-304
icket number	Date
address where waste load originated	(print legibly)
14018	MI Dan LLV
ddress number	Street name
	Washin
ity and a second	State
100-14	
Wellenflata	Walter Thornson
river's signature	Print driver's name
eleter Lemo	VIDERSEN SIX
ompany name & phone number	Vehicle License number
	by the driver for each load delivered to the landfill ocopies are not acceptable). If the origin of the load



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5/3675	47 - R - 10%
Address where waste load originated	
14018 SE Milly lan	
Address number	Street name
Dancoon	usest
William Thouto	Whiteam Thomas Tox
Driver's signature	Print driver's name
5/lendemo 503-7606	330 YAPZ311
Company name & phone number	Vehicle License number



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1000 A A A A A A A A A A A A A A A A A A	4-4-08
Ticket number	Date
Address where waste load originated (pri	nt legibly)
14018	MIII Dlam Ble
Address number	Street name
() on co	Wash
City	State
Wellenethito	William Thornton
Driver's signature	Print driver's name
Tela Demosis 760633	o yara all
Company name & phone number	Vehicle License number

For questions concerning this form, call the Metro Solid Waste and Recycling Department at (503) 797-1678.

To order a detailed map of the Metro boundary, call the Metro Data Resource Center at (503) 797-1742.

Regional System Fee and Excise Tax will be applied.

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5168H5 Ticket number	2/- 4 + 0 € Date
Address where waste load originated (print	legibly)
14318	Mill Claim BW
Address number	Street name
	il Doesk
city Cancoun	State
Wellen Lite	William Thornton
Driver's signature	Print driver's name
Flore De MD 503760 (330)	YAPZIZI
Company name & phone number	Vehicle License number



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57579/	A) H - D %
rever double.	Date
Address where waste load originated (prin	it legibly)
14018	M. 11 Plan 810
Address number	Street name
Chanconer	Wash
City	State
Setting The	The Art of
SURAN JATA	William Thorntox
Driver's signature	Print driver's name
1 Dentemo 503/160 6330	VA12 311
Company name & phone number	Vehicle License number



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514902 Ticket number	<i>A</i> / − <i>H</i> − <i>O</i> × Date
Address where waste load originated (prin	
14018	MIPlan BLV
Address number	Street name
Dancos ER	State Constitute Const
City	State
wellen hinte	William ThoRATORS
Driver's signature	Print driver's name
FIL DOMO 50376N133A	YAP2 311
File Deno 503 760 (330) Company name & phone number	Vehicle License number



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5 4981 Ticket number	Date
Address where waste load originated ()	print legibly),
14018 SE	Mill Hain B
Address number OUCOUVEV City	Street name
City	State
Ben Alberia	Ben Albarron
Oriver's signature	Print driver's name VALD 661
Company name & phone number	Vehicle License number



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icense number



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S 170 30 Ticket number	Date
Address where waste load originated (p	rint legibly)
14018 SF	Mill plain Bl
Address number	Street name
Vancouver	INA
City	State
Ben Albert	Ben Albarron
Driver's signature	Print driver's name
503 7 653ca	YARDGO
Company name & phone number	Vehicle License number



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518141	Date
Ticket number	Date
Address where waste load originated	(print legibly)
14018 5E	Mill place Block
Address number	Street name
City	WA
City	State
Car Albana	Ben Albarron
Driver's signature	Print driver's name
1 12 Denographic	YAKBIGGI
Company name & phone number	Vehicle License number



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Ticket number	Date
Address where waste load originated (prin	nt legibly)
14018 SE	Mill plain Bluck
Address number	Street name
Vancouver	WA
City	State
	Ben Albarran
Driver's signature	Print driver's name VARD (dol
Company name & phone number	Vehicle License number



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5/8939 Ticket number	$\frac{4/7/5}{\overline{D}ate}$
Address where waste load originated	(print legibly)
14018 SE	Mill plain Blyd. Street name
14018 SE Address number	Street name
City	
City	State
Ain Albaria	Ben Albarian
Driver's signature	Print driver's name
508 7641 6320 :-	YAKDGGI.
Company name & phone number	Vehicle License number